

(E)

# EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

Executive Lobbyist Registration No. 172

FOR OFFICE USE ONLY

Postmark Date: 1-9-07

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ETHICS REGISTRATION  
CAMPAIGN FINANCE  
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### Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME SABISTON NORMA JANE  
Last First MI

2. BUSINESS PHONE 504.293.2610  
Area Code and Phone Number

3. FAX NUMBER 504.293.2611

4. BUSINESS ADDRESS 501 BASIN ST. SUITE F NEW ORLEANS LA 70112  
Street and No. City State Zip

MAILING ADDRESS SAME  
Street and No. City State Zip

5. EMPLOYER MARSHALL + COMPANY

6. EMPLOYER'S ADDRESS SAME  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Medical Files

Address ONE NEW BOSTON DR. CANTON MA 02001

Business or purpose electronic medical filing

Does this person pay you? N

If No, who pays you? BRONSTEIN HUNT + FARBER

Rec: 3/7/07 PAB

**EXECUTIVE LOBBYING  
REGISTRATION FORM**



2. Name G. KAHUNA  
Address 7153 FLORIDA BLVD BAYON LAKE LA 70306  
Business or purpose BUSINESS CERTIFICATION  
Does this person pay you? Y  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

*Marion Jane Sabert*  
Signature of Lobbyist

